

Electronic Filing Instructions for your 2018 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Nicole I Mattiace
186 Locust Street, Apt. PVT
Floral Park, NY 11001

| | |
|--|---|
| Balance Due/Refund | Your federal tax return (Form 1040) shows a refund due to you in the amount of \$1,682.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted. |
| When Will You Get Your Refund? | The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2019. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link. |
| What You Need to Keep | Your Electronic Filing Instructions (this form) Printed copy of your federal return |
| 2018 Federal Tax Return Summary | Adjusted Gross Income \$ 47,333.00 Taxable Income \$ 35,333.00 Total Tax \$ 4,049.00 Total Payments/Credits \$ 5,731.00 Amount to be Refunded \$ 1,682.00 Effective Tax Rate 8.55% |

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

| | | | | | | |
|---|--|---|-------------------------|---|--|---|
| Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er) | | | | | | |
| Your first name and initial Nicole I | | Last name Mattiace | | | Your social security number 065-78-1145 | |
| Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind | | | | | | |
| If joint return, spouse's first name and initial | | Last name | | | Spouse's social security number | |
| Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 | | | | | | |
| <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien | | | | | | |
| Home address (number and street). If you have a P.O. box, see instructions. 186 Locust Street | | | | Apt. no. PVT | Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse | |
| City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Floral Park NY 11001 | | | | | | |
| If more than four dependents, see inst. and ✓ here ► <input type="checkbox"/> | | | | | | |
| Dependents (see instructions): | | | | | | |
| (1) First name | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see inst.): | | |
| | | | | Child tax credit | Credit for other dependents | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | | |
| Joint return? See instructions. | | Your signature | Date | Your occupation Mental health aide | | |
| Keep a copy for your records. | | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | | |
| | | | | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| | | | | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| Paid Preparer Use Only | | Preparer's name | Preparer's signature | PTIN | Firm's EIN | Check if: |
| | | | | | | <input type="checkbox"/> 3rd Party Designee |
| | | | | | | <input type="checkbox"/> Self-employed |
| | | Firm's name ► Self-Prepared | | Phone no. | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2018)

Form 1040 (2018)

Attach Form(s)
W-2. Also attach
Form(s) W-2G and
1099-R if tax was
withheld.

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit?
See instructions.

| | | | |
|------------|--|-----------|-----------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 47 , 333. |
| 2a | Tax-exempt interest | 2a | |
| 3a | Qualified dividends | 3a | |
| 4a | IRAs, pensions, and annuities | 4a | |
| 5a | Social security benefits | 5a | |
| 6 | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | 0 | |
| 7 | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | | |
| 8 | Standard deduction or itemized deductions (from Schedule A) | | |
| 9 | Qualified business income deduction (see instructions) | | |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | | |
| 11 | a Tax (see inst.) <u>4 , 049.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____) | | |
| | b Add any amount from Schedule 2 and check here ► <input type="checkbox"/> | | |
| 12 | a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here ► <input type="checkbox"/> | | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | | |
| 14 | Other taxes. Attach Schedule 4 | | |
| 15 | Total tax. Add lines 13 and 14 | | |
| 16 | Federal income tax withheld from Forms W-2 and 1099 | | |
| 17 | Refundable credits: a EIC (see inst.) No _____ b Sch. 8812 _____ c Form 8863 _____ | | |
| | Add any amount from Schedule 5 _____ | | |
| 18 | Add lines 16 and 17. These are your total payments | | |
| 19 | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | | |
| 20a | Amount of line 19 you want refunded to you . If Form 8888 is attached, check here ► <input type="checkbox"/> | | |
| ► b | Routing number <input type="text" value="X"/> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| ► d | Account number <input type="text" value="X"/> | | |
| 21 | Amount of line 19 you want applied to your 2019 estimated tax ► 21 | | |
| 22 | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ► | | |
| 23 | Estimated tax penalty (see instructions) ► 23 | | |

Tax History Report

► Keep for your records

2018

Name(s) Shown on Return

Nicole I Mattiace

| | Five Year Tax History: | | | | |
|---|-------------------------------|-------------|-------------|-------------|-------------|
| | 2014 | 2015 | 2016 | 2017 | 2018 |
| Filing status | Single | Single | Single | Single | Single |
| Total income | 52,301. | 47,308. | 54,307. | 49,969. | 47,333. |
| Adjustments to income | | | 1,617. | | |
| Adjusted gross income | 52,301. | 47,308. | 52,690. | 49,969. | 47,333. |
| Tax expense | 2,603. | 2,425. | 2,838. | 2,534. | 2,323. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Misc. deductions . . . | | | | | |
| Other itemized ded'n's | | | | | |
| Total itemized/ standard deduction . . | 6,200. | 6,300. | 6,300. | 6,350. | 12,000. |
| Exemption amount . . | 3,950. | 4,000. | 4,050. | 4,050. | 0. |
| QBI deduction | | | | | |
| Taxable income | 42,151. | 37,008. | 42,340. | 39,569. | 35,333. |
| Tax | 6,400. | 5,093. | 6,353. | 5,633. | 4,049. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | | |
| Payments | 8,316. | 7,465. | 8,817. | 7,689. | 5,731. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | 1,916. | 2,372. | 2,464. | 2,056. | 1,682. |
| Effective tax rate % . . | 12.24 | 10.77 | 12.06 | 11.27 | 8.55 |
| **Tax bracket % | 25.0 | 25.0 | 25.0 | 25.0 | 12.0 |

**Tax bracket % is based on Taxable income.

Healthcare Entry Sheet

► Keep for your records

2018

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
 - not covered by employer
 - months not covered by an exemption

Note: The 1095-A information must be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

The box at the top, "Everyone on the tax return was covered by health insurance all year" was checked. The covered all 12 months for each individual below will be checked regardless of the information entered on the Personal Information and Dependent Nondependent Information worksheets.

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

Completion checkbox:

Check this box once you are finished with all the healthcare related entries.

Tax Payments Worksheet

2018

► Keep for your records

| | |
|---|--|
| Name(s) Shown on Return <u>Nicole I Mattiace</u> | Social Security Number <u>065-78-1145</u> |
|---|--|

Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

| Federal | | State | | | Local | | |
|------------------------------------|--------|----------|--------|----|----------|--------|----|
| Date | Amount | Date | Amount | ID | Date | Amount | ID |
| 1 04/17/18 | | 04/17/18 | | | 04/17/18 | | |
| 2 06/15/18 | | 06/15/18 | | | 06/15/18 | | |
| 3 09/17/18 | | 09/17/18 | | | 09/17/18 | | |
| 4 01/15/19 | | 01/15/19 | | | 01/15/19 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 Tot Estimated Payments | | | | | | | |

| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | Federal | State | ID | Local | ID |
|---|---------|-------|----|-------|----|
| 6 Overpayments applied to 2018 | | | | | |
| 7 Credited by estates and trusts | | | | | |
| 8 Totals Lines 1 through 7 | | | | | |
| 9 2018 extensions | | | | | |

| Taxes Withheld From: | Federal | | State | | Local | |
|---|---------|-----|--------|--|-------|--|
| 10 Forms W-2 | 5,731. | | 2,323. | | | |
| 11 Forms W-2G | | | | | | |
| 12 Forms 1099-R | | | | | | |
| 13 Forms 1099-MISC, 1099-K and 1099-G | | | | | | |
| 14 Schedules K-1 | | | | | | |
| 15 Forms 1099-INT, DIV and OID | | | | | | |
| 16 Social Security and Railroad Benefits | | | | | | |
| 17 Form 1099-B | St | Loc | | | | |
| 18 a Other withholding | St | Loc | | | | |
| b Other withholding | St | Loc | | | | |
| c Other withholding | St | Loc | | | | |
| d Positive Adjustment | St | Loc | | | | |
| e Negative Adjustment | St | Loc | | | | |
| f Additional Medicare Tax | | | | | | |
| 19 Total Withholding Lines 10 through 18f | 5,731. | | 2,323. | | | |
| 20 Total Tax Payments for 2018 | 5,731. | | 2,323. | | | |

| Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help) | State | ID | Local | ID |
|---|-------|----|-------|----|
| 21 Tax paid with 2017 extensions | | | | |
| 22 2017 estimated tax paid after 12/31/2017 | | | | |
| 23 Balance due paid with 2017 return | | | | |
| 24 Other (amended returns, installment payments, etc) | | | | |

Federal Carryover Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Nicole I Mattiace

Social Security Number
065-78-1145

2017 State and Local Income Tax Information

| (a) State or Local ID | (b) Paid With Extension | (c) Estimates Pd After 12/31 | (d) Total With- held/Pmts | (e) Paid With Return | (f) Total Over- payment | (g) Applied Amount |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| NY | | | 2 , 534 . | | 39 . | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | 2 , 534 . | | 39 . | |

2017 State Extension Information

| (a) State | (b) Paid With Extension |
|--------------|----------------------------|
| | |
| | |
| | |
| | |

2017 Locality Extension Information

| (a) Locality | (b) Paid With Extension |
|-----------------|----------------------------|
| | |
| | |
| | |
| | |

2017 State Estimates Information

| (a) State | (c) Estimates Paid After 12/31 |
|--------------|-----------------------------------|
| | |
| | |
| | |
| | |

2017 Locality Estimates Information

| (a) Locality | (c) Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
| | |
| | |
| | |
| | |

2017 State Taxes Due Information

| (a) State | (e) Paid With Return |
|--------------|-------------------------|
| | |
| | |
| | |
| | |

2017 Locality Taxes Due Information

| (a) Locality | (e) Paid With Return |
|-----------------|-------------------------|
| | |
| | |
| | |
| | |

2017 State Refund Applied Information

| (a) State | (g) Applied Amount |
|--------------|-----------------------|
| | |
| | |
| | |
| | |

2017 Locality Refund Applied Information

| (a) Locality | (g) Applied Amount |
|-----------------|-----------------------|
| | |
| | |
| | |
| | |

2017 State Tax Refund Information

| (a) State | (d) Total Withheld/Pmts | (f) Total Overpayment |
|--------------|-------------------------------|-----------------------------|
| NY | 2 , 534 . | 39 . |
| | | |
| | | |
| | | |
| | | |

2017 Locality Tax Refund Information

| (a) Locality | (d) Total Withheld/Pmts | (f) Total Overpayment |
|-----------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |
| | | |

Nicole I Mattiace

065-78-1145

| Other Tax and Income Information | | 2017 | 2018 |
|---|--|--------------------------------------|--------------------------------------|
| 1 | Filing status | 1 <u>1</u> Single | 1 <u>1</u> Single |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | 2 2 | 2 2,323. |
| 3 | Itemized deductions | 3 2,534. | 2 2,323. |
| 4 | Check box if required to itemize deductions | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 5 | Adjusted gross income | 5 49,969. | 5 47,333. |
| 6 | Tax liability for Form 2210 or Form 2210-F | 6 5,633. | 6 4,049. |
| 7 | Alternative minimum tax | 7 _____ _____ _____ | 7 _____ _____ _____ |
| 8 | Federal overpayment applied to next year estimated tax | 8 _____ _____ _____ | 8 _____ _____ _____ |

QuickZoom to the IRA Information Worksheet for IRA information ►

| Excess Contributions | 2017 | 2018 |
|---|-------------|------|
| 9 a Taxpayer's excess Archer MSA contributions as of 12/31 | 9 a | |
| b Spouse's excess Archer MSA contributions as of 12/31 | b | |
| 10 a Taxpayer's excess Coverdell ESA contributions as of 12/31 | 10 a | |
| b Spouse's excess Coverdell ESA contributions as of 12/31 | b | |
| 11 a Taxpayer's excess HSA contributions as of 12/31 | 11 a | |
| b Spouse's excess HSA contributions as of 12/31 | b | |

| Loss and Expense Carryovers | | 2017 | 2018 |
|--|---------------------|-------------|-------------|
| Note: Enter all entries as a positive amount | | | |
| 12 a Short-term capital loss | | 12 a | |
| b AMT Short-term capital loss | | b | |
| 13 a Long-term capital loss | | 13 a | |
| b AMT Long-term capital loss | | b | |
| 14 a Net operating loss available to carry forward | | 14 a | |
| b AMT Net operating loss available to carry forward | | b | |
| 15 a Investment interest expense disallowed | | 15 a | |
| b AMT Investment interest expense disallowed | | b | |
| 16 Nonrecaptured net Section 1231 losses from: | a 2018 . . . | 16 a | |
| | b 2017 . . . | b | |
| | c 2016 . . . | c | |
| | d 2015 . . . | d | |
| | e 2014 . . . | e | |
| | f 2013 . . . | f | |
| 17 AMT Nonrecap'd net Sec 1231 losses from: | a 2018 . . . | 17 a | |
| | b 2017 . . . | b | |
| | c 2016 . . . | c | |
| | d 2015 . . . | d | |
| | e 2014 . . . | e | |
| | f 2013 . . . | f | |

Nicole I Mattiace

065-78-1145

| Credit Carryovers | | | 2017 | 2018 |
|---|------------------|-----|------|------|
| 18 General business credit | | 18 | | |
| 19 Adoption credit from: | a 2018 | 19a | | |
| | b 2017 | b | | |
| | c 2016 | c | | |
| | d 2015 | d | | |
| | e 2014 | e | | |
| | f 2013 | f | | |
| 20 Mortgage interest credit from: | a 2018 | 20a | | |
| | b 2017 | b | | |
| | c 2016 | c | | |
| | d 2015 | d | | |
| 21 Credit for prior year minimum tax | | 21 | | |
| 22 District of Columbia first-time homebuyer credit | | 22 | | |
| 23 Residential energy efficient property credit | | 23 | | |

| Other Carryovers | | | 2017 | 2018 |
|---|---|-----|------|------|
| 24 Section 179 expense deduction disallowed | | 24 | | |
| 25 Excess foreign housing deduction: | a Taxpayer (Form 2555, line 46) | 25a | | |
| | b Taxpayer (Form 2555, line 48) | b | | |
| | c Spouse (Form 2555, line 46) | c | | |
| | d Spouse (Form 2555, line 48) | d | | |

Charitable Contribution Carryovers

| 26 2017 Carryover of charitable contributions from: | Other Property | | Capital Gain | | Cash |
|---|----------------|---------|--------------|---------|---------|
| | (a) 50% | (b) 30% | (c) 30% | (d) 20% | (e) 60% |
| a 2017 | | | | | |
| b 2016 | | | | | |
| c 2015 | | | | | |
| d 2014 | | | | | |
| e 2013 | | | | | |

| 27 2018 Carryover of charitable contributions from: | Other Property | | Capital Gain | | Cash |
|---|----------------|---------|--------------|---------|---------|
| | (a) 50% | (b) 30% | (c) 30% | (d) 20% | (e) 60% |
| a 2018 | | | | | |
| b 2017 | | | | | |
| c 2016 | | | | | |
| d 2015 | | | | | |
| e 2014 | | | | | |

28 Amount overpaid less earned income credit. 2,056.

2017 State Capital Loss Carryovers (For users **not** transferring from the prior year)

| State ID | Short-term Capital Loss for State | AMT Short-term Capital Loss for State | Long-term Capital Loss for State | AMT Long-term Capital Loss for State | Capital Loss (combined) for State | AMT Capital Loss (combined) for State |
|----------|-----------------------------------|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Nicole I Mattiace
Primary SSN: 065-78-1145

Federal Return Submitted: March 26, 2019 12:43 PM PDT
Federal Return Acceptance Date: _____

Your return was electronically transmitted on 03/26/2019

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2019. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2019. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2019, and the corrected return is submitted and accepted by October 20, 2019.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Electronic Filing Instructions for your 2018 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



NICOLE I MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

| | |
|---|--|
| Balance Due/Refund | Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$39.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted. |
| Where's My Refund? | Before you call the New York State Department of Taxation and Finance with questions about your refund, give them three to four weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at https://www.tax.ny.gov/ . |
| No Signature Document Needed | No signature form is required since you signed your return electronically. |
| What You Need to Keep | Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns |
| 2018 New York Tax Return Summary | Taxable Income \$ 41,043.00 Total Tax \$ 2,284.00 Total Payments/Credits \$ 2,323.00 Amount to be Refunded \$ 39.00 |



Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ...

18

and ending ...

For help completing your return, see the instructions, Form IT-201-I.

| | | | | | |
|--|----|--|----------|-------------------------------------|---------------------------------------|
| Your first name | MI | Your last name (for a joint return, enter spouse's name on line below) | | Your date of birth (mmddyyyy) | Your social security number |
| NICOLE | I | MATTIACE | | 05141990 | 065781145 |
| Spouse's first name | MI | Spouse's last name | | Spouse's date of birth (mmddyyyy) | Spouse's social security number |
| | | | | | |
| Mailing address (see instructions, page 14) (number and street or PO box) | | | | Apartment number | New York State county of residence |
| 186 LOCUST STREET | | | | PVT | NASSAU |
| City, village, or post office | | State | ZIP code | Country (if not United States) | |
| FLORAL PARK | | NY | 11001 | FLORAL PARK-BELLEROSE | |
| Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route) | | | | Apartment number | School district code number 195 |
| City, village, or post office | | State | ZIP code | Taxpayer's date of death (mmddyyyy) | Spouse's date of death (mmddyyyy) |
| | | NY | | Decedent information | |

A Filing status

- (mark an X in one box):
- ① Single
 - ② Married filing joint return
(enter spouse's social security number above)
 - ③ Married filing separate return
(enter spouse's social security number above)
 - ④ Head of household (with qualifying person)
 - ⑤ Qualifying widow(er)

B Did you itemize your deductions on your 2018 federal income tax return? Yes No **C Can you be claimed** as a dependent on another taxpayer's federal return? Yes No **D1** Did you have a financial account located in a foreign country? (see page 15) Yes No **D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) Yes No
- (2) Enter the amount ...

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes No

- E** (1) Did you or your spouse maintain living quarters in NYC during 2018? (see page 15) .. Yes No
- (2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 15):

- (1) Number of months you lived in NYC in 2018 ..
- (2) Number of months your spouse lived in NYC in 2018 ..

G Enter your 2-character special condition code(s) if applicable (see page 15) .. **H Dependent information** (see page 16)

| First name | MI | Last name | Relationship | Social security number | Date of birth (mmddyyyy) |
|------------|----|-----------|--------------|------------------------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If more than 7 dependents, mark an X in the box. 

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

| |
|-----------------------------|
| Your social security number |
| 065781145 |

Federal income and adjustments (see page 16)

- 1 Wages, salaries, tips, etc.
- 2 Taxable interest income
- 3 Ordinary dividends
- 4 Taxable refunds, credits, or offsets of state and local income taxes (*also enter on line 25*)
- 5 Alimony received
- 6 Business income or loss (*submit a copy of federal Schedule C or C-EZ, Form 1040*)
- 7 Capital gain or loss (*if required, submit a copy of federal Schedule D, Form 1040*)
- 8 Other gains or losses (*submit a copy of federal Form 4797*)
- 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an **X** in the box ...
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an **X** in the box
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (*submit copy of federal Schedule E, Form 1040*)

- 12 Rental real estate included in line 11 **12** .00
- 13 Farm income or loss (*submit a copy of federal Schedule F, Form 1040*)
- 14 Unemployment compensation
- 15 Taxable amount of social security benefits (*also enter on line 27*)
- 16 Other income (see page 16) *Identify:*

- 17 Add lines 1 through 11 and 13 through 16
- 18 Total federal adjustments to income (see page 16) *Identify:*

- 19 **Federal adjusted gross income** (*subtract line 18 from line 17*)

Whole dollars only

| | |
|-----------|----------|
| 1 | 47333.00 |
| 2 | .00 |
| 3 | .00 |
| 4 | .00 |
| 5 | .00 |
| 6 | .00 |
| 7 | .00 |
| 8 | .00 |
| 9 | .00 |
| 10 | .00 |
| 11 | .00 |
| 12 | .00 |
| 13 | .00 |
| 14 | .00 |
| 15 | .00 |
| 16 | .00 |
| 17 | 47333.00 |
| 18 | .00 |
| 19 | 47333.00 |

New York additions (see page 17)

- 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments)
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)
- 22 **New York's** 529 college savings program distributions (see page 17)
- 23 Other (Form IT-225, line 9)
- 24 Add lines 19 through 23

| | |
|-----------|----------|
| 20 | .00 |
| 21 | 1710.00 |
| 22 | .00 |
| 23 | .00 |
| 24 | 49043.00 |

New York subtractions (see page 18)

- 25 Taxable refunds, credits, or offsets of state and local income taxes (*from line 4*)
- 26 Pensions of NYS and local governments and the federal government (see page 18)
- 27 Taxable amount of social security benefits (*from line 15*)
- 28 Interest income on U.S. government bonds
- 29 Pension and annuity income exclusion (see page 19)
- 30 **New York's** 529 college savings program deduction/earnings
- 31 Other (Form IT-225, line 18).....
- 32 Add lines 25 through 31
- 33 **New York adjusted gross income** (*subtract line 32 from line 24*)

| | |
|-----------|-----|
| 25 | .00 |
| 26 | .00 |
| 27 | .00 |
| 28 | .00 |
| 29 | .00 |
| 30 | .00 |
| 31 | .00 |

| | |
|-----------|----------|
| 32 | .00 |
| 33 | 49043.00 |

**Standard deduction or itemized deduction** (see page 21)

- 34 Enter your **standard deduction** (*table on page 21*) or your **itemized deduction** (*from Form IT-196*)
Mark an **X** in the appropriate box: Standard - or - Itemized
- 35 Subtract line 34 from line 33 (*if line 34 is more than line 33, leave blank*)
- 36 Dependent exemptions (*enter the number of dependents listed in item H; see page 21*)
- 37 **Taxable income** (*subtract line 36 from line 35*)

| | |
|-----------|----------|
| 34 | 8000.00 |
| 35 | 41043.00 |
| 36 | 000.00 |
| 37 | 41043.00 |

201002181555



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| | |
|----------------------------|-----------------------------|
| Name(s) as shown on page 1 | Your social security number |
| NICOLE I MATTIACE | |

| |
|-----------------------------|
| Your social security number |
| 065781145 |

IT-201 (2018) Page 3 of 4
REV 12/03/18 TTW

Tax computation, credits, and other taxes

| | | |
|--|-----------|-----------|
| 38 Taxable income (from line 37 on page 2) | 38 | 41043 .00 |
| 39 NYS tax on line 38 amount (see page 22) | 39 | 2284 .00 |
| 40 NYS household credit (page 21, table 1, 2, or 3) | 40 | .00 |
| 41 Resident credit (see page 23) | 41 | .00 |
| 42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ... | 42 | .00 |
| 43 Add lines 40, 41, and 42 | 43 | .00 |
| 44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) | 44 | 2284 .00 |
| 45 Net other NYS taxes (Form IT-201-ATT, line 30) | 45 | .00 |
| 46 Total New York State taxes (add lines 44 and 45) | 46 | 2284 .00 |

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

| | | |
|---|------------|-----|
| 47 NYC taxable income (see instructions) | 47 | .00 |
| 47a NYC resident tax on line 47 amount (see page 23)..... | 47a | .00 |
| 48 NYC household credit (page 23) | 48 | .00 |
| 49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank) | 49 | .00 |
| 50 Part-year NYC resident tax (Form IT-360.1) | 50 | .00 |
| 51 Other NYC taxes (Form IT-201-ATT, line 34) | 51 | .00 |
| 52 Add lines 49, 50, and 51 | 52 | .00 |
| 53 NYC nonrefundable credits (Form IT-201-ATT, line 10) | 53 | .00 |
| 54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) | 54 | .00 |
| 54a MCTMT net earnings base.... | 54a | .00 |
| 54b MCTMT | 54b | .00 |
| 55 Yonkers resident income tax surcharge (see page 26) | 55 | .00 |
| 56 Yonkers nonresident earnings tax (Form Y-203) | 56 | .00 |
| 57 Part-year Yonkers resident income tax surcharge (Form IT-360.1) | 57 | .00 |
| 58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) .. | 58 | .00 |

See instructions on
pages 23 through 26 to
compute New York City and
Yonkers taxes, credits, and
surcharges, and MCTMT.



59 Sales or use tax (see page 27; do not leave line 59 blank)

| | |
|-----------|-------|
| 59 | 0 .00 |
|-----------|-------|

Voluntary contributions (see page 28)

| | | |
|--|------------|----------|
| 60a Return a Gift to Wildlife | 60a | .00 |
| 60b Missing/Exploited Children | 60b | .00 |
| 60c Breast Cancer Research | 60c | .00 |
| 60d Alzheimer's Fund | 60d | .00 |
| 60e Olympic Fund (\$2 or \$4) | 60e | .00 |
| 60f Prostate Cancer | 60f | .00 |
| 60g 9/11 Memorial | 60g | .00 |
| 60h Volunteer Firefighting | 60h | .00 |
| 60i Teen Health Education | 60i | .00 |
| 60j Veterans Remembrance | 60j | .00 |
| 60k Homeless Veterans | 60k | .00 |
| 60l Mental Illness Anti-Stigma | 60l | .00 |
| 60m Women's Cancers Fund | 60m | .00 |
| 60n Autism Fund | 60n | .00 |
| 60 Total voluntary contributions (add lines 60a through 60s) | 60 | .00 |
| 61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) | 61 | 2284 .00 |

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201003181555



| |
|-----------------------------|
| Your social security number |
| 065781145 |

62 Enter amount from line 61

62

2284 .00

Payments and refundable credits (see pages 29 through 32)

| | | |
|--|-----|----------|
| 63 Empire State child credit | 63 | .00 |
| 64 NYS/NYC child and dependent care credit | 64 | .00 |
| 65 NYS earned income credit (EIC) | 65 | .00 |
| 66 NYS noncustodial parent EIC | 66 | .00 |
| 67 Real property tax credit | 67 | .00 |
| 68 College tuition credit | 68 | .00 |
| 69 NYC school tax credit (fixed amount) (<i>also complete F on page 1</i>) | 69 | .00 |
| 69a NYC school tax credit (rate reduction amount) | 69a | .00 |
| 70 NYC earned income credit | 70 | .00 |
| 70a NYC enhanced real property tax credit | 70a | .00 |
| 71 Other refundable credits (<i>Form IT-201-ATT, line 18</i>) | 71 | .00 |
| 72 Total New York State tax withheld | 72 | 2323 .00 |
| 73 Total New York City tax withheld | 73 | .00 |
| 74 Total Yonkers tax withheld | 74 | .00 |
| 75 Total estimated tax payments and amount paid with Form IT-370 | 75 | .00 |



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75)

76 2323 .00

Your refund, amount you owe, and account information (see pages 33 through 35)

| | | |
|---|-----|--------|
| 77 Amount overpaid (<i>see instructions</i>) | 77 | 39 .00 |
| 78 Amount of line 77 available for refund (<i>subtract line 79 from line 77</i>) | 78 | 39 .00 |
| 78a Amount of line 78 that you want to deposit into a NYS 529 account (<i>Form IT-195, line 4</i>) (<i>also submit Form IT-195</i>) | 78a | .00 |
| 78b Total refund after NYS 529 account deposit (<i>subtract line 78a from line 78</i>) | 78b | 39 .00 |

| | | |
|---|----|-----|
| Mark one refund choice: <input type="checkbox"/> direct deposit to checking or savings account (fill in line 83) - or - <input checked="" type="checkbox"/> paper check | 79 | .00 |
| 79 Amount of line 77 that you want applied to your 2019 estimated tax (<i>see instructions</i>) | 79 | .00 |
| 80 Amount you owe (<i>if line 76 is less than line 62, subtract line 76 from line 62</i>). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. | 80 | .00 |
| 81 Estimated tax penalty (<i>include this amount in line 80 or reduce the overpayment on line 77; see page 34</i>) | 81 | .00 |
| 82 Other penalties and interest (<i>see page 34</i>) | 82 | .00 |

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 34 for payment options.

| | |
|--|--|
| 83 Account information for direct deposit or electronic funds withdrawal (<i>see page 35</i>). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (<i>see pg. 35</i>) <input type="checkbox"/> | 83a Account type: <input type="checkbox"/> Personal checking - or - <input type="checkbox"/> Personal savings - or - <input type="checkbox"/> Business checking - or - <input type="checkbox"/> Business savings |
| 83b Routing number <input type="text"/> | 83c Account number <input type="text"/> |
| 84 Electronic funds withdrawal (<i>see page 35</i>) | Date <input type="text"/> Amount <input type="text"/> |
| Preparer's signature <input type="text"/> | Preparer's printed name <input type="text"/> |

See page 37 for the proper assembly of your return.

| | | | |
|--|--|---|---|
| Third-party designee? (<i>see instr.</i>) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> E-mail: <input type="text"/> | Print designee's name <input type="text"/> | Designee's phone number <input type="text"/> () | Personal identification number (PIN) <input type="text"/> |
| ▼ Paid preparer must complete ▼ (<i>see instructions</i>) Preparer's signature <input type="text"/> | | Preparer's NYTPRIN excl. code <input type="text"/> | |
| Preparer's printed name <input type="text"/> | | Preparer's PTIN or SSN <input type="text"/> | |
| Firm's name (<i>or yours, if self-employed</i>) SELF-PREPARED | | Employer identification number <input type="text"/> | |
| Address <input type="text"/> | | Date <input type="text"/> | |
| E-mail: <input type="text"/> | | Daytime phone number (516) 488 7153 | |

| | |
|--|--|
| ▼ Taxpayer(s) must sign here ▼ | |
| Your signature <input type="text"/> | |
| Your occupation MENTAL HEALTH AIDE | |
| Spouse's signature and occupation (<i>if joint return</i>) | |
| Date <input type="text"/> | Daytime phone number (516) 488 7153 |
| E-mail: GMATTIAW@GMAIL.COM | |

See instructions for where to mail your return.

201004181555



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Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

| |
|--|
| 065781145 |
| Box b Employer identification number (EIN) |
| 146013200 |

Box 1 Wages, tips, other compensation

| |
|----------|
| 47333.00 |
|----------|

Box 8 Allocated tips

| |
|-----|
| .00 |
|-----|

Box 10 Dependent care benefits

| |
|-----|
| .00 |
|-----|

Box 11 Nonqualified plans

| |
|-----|
| .00 |
|-----|

Box c Employer's information

Employer's name

STATE OF NEW YORK

Employer's address (number and street)

110 STATE STREET

| | | | |
|--------|-------|----------|--------------------------------|
| City | State | ZIP code | Country (if not United States) |
| ALBANY | NY | 12207 | |

Box 12a Amount

| |
|---------|
| 9316.00 |
|---------|

Code

| |
|-------|
| D D |
|-------|

Box 14a Amount

| |
|---------|
| 1710.00 |
|---------|

Description

| |
|---------|
| 414HSUB |
|---------|

Box 12b Amount

| |
|---------|
| 4418.00 |
|---------|

Code

| |
|-------|
| E E |
|-------|

Box 14b Amount

| |
|-----|
| .00 |
|-----|

Description

| |
|--|
| |
|--|

Box 12c Amount

| |
|-----|
| .00 |
|-----|

Code

| |
|--|
| |
|--|

Box 14c Amount

| |
|-----|
| .00 |
|-----|

Description

| |
|--|
| |
|--|

Box 12d Amount

| |
|-----|
| .00 |
|-----|

Code

| |
|--|
| |
|--|

Box 14d Amount

| |
|-----|
| .00 |
|-----|

Description

| |
|--|
| |
|--|

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c)

NY State information:

Box 15a

NY State

Box 16a NYS wages, tips, etc.

| |
|-------|
| N Y |
|-------|

| |
|----------|
| 47333.00 |
|----------|

Box 17a NYS income tax withheld

| |
|---------|
| 2323.00 |
|---------|

Other state information:

Box 15b

other state

Box 16b Other state wages, tips, etc.

| |
|--|
| |
|--|

| |
|-----|
| .00 |
|-----|

Box 17b Other state income tax withheld

| |
|-----|
| .00 |
|-----|

NYC and Yonkers information (see instr.):

Locality a

| |
|-----|
| .00 |
|-----|

| |
|-----|
| .00 |
|-----|

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

Locality b

| |
|-----|
| .00 |
|-----|

| |
|-----|
| .00 |
|-----|

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box 1 Wages, tips, other compensation

| |
|-----|
| .00 |
|-----|

Box 8 Allocated tips

| |
|-----|
| .00 |
|-----|

Box 10 Dependent care benefits

| |
|-----|
| .00 |
|-----|

Box 11 Nonqualified plans

| |
|-----|
| .00 |
|-----|

Box c Employer's information

Employer's name

Employer's address (number and street)

City

State

ZIP code

Country (if not United States)

Box 12a Amount

| |
|-----|
| .00 |
|-----|

Code

| |
|--|
| |
|--|

Box 14a Amount

| |
|-----|
| .00 |
|-----|

Description

| |
|--|
| |
|--|

Box 12b Amount

| |
|-----|
| .00 |
|-----|

Code

| |
|--|
| |
|--|

Box 14b Amount

| |
|-----|
| .00 |
|-----|

Description

| |
|--|
| |
|--|

Box 12c Amount

| |
|-----|
| .00 |
|-----|

Code

| |
|--|
| |
|--|

Box 14c Amount

| |
|-----|
| .00 |
|-----|

Description

| |
|--|
| |
|--|

Box 12d Amount

| |
|-----|
| .00 |
|-----|

Code

| |
|--|
| |
|--|

Box 14d Amount

| |
|-----|
| .00 |
|-----|

Description

| |
|--|
| |
|--|

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c)

NY State information:

Box 15a

NY State

Box 16a NYS wages, tips, etc.

| |
|-------|
| N Y |
|-------|

| |
|-----|
| .00 |
|-----|

Box 17a NYS income tax withheld

| |
|-----|
| .00 |
|-----|

Other state information:

Box 15b

other state

Box 16b Other state wages, tips, etc.

| |
|--|
| |
|--|

| |
|-----|
| .00 |
|-----|

Box 17b Other state income tax withheld

| |
|-----|
| .00 |
|-----|

NYC and Yonkers information (see instr.):

Locality a

| |
|-----|
| .00 |
|-----|

| |
|-----|
| .00 |
|-----|

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

Locality b

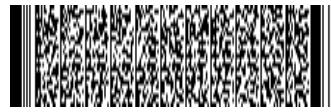
| |
|-----|
| .00 |
|-----|

| |
|-----|
| .00 |
|-----|

Locality a

Locality b

102001181555



NO HANDWRITTEN ENTRIES ON THIS FORM

Two-Year Comparison

2018

| Name as Shown on Return NICOLE I MATTIACE | Social Security No. 065-78-1145 | | |
|---|---|----------------|-------------------|
| | 2017 | 2018 | Difference |
| | | | % |
| Federal Adjusted Gross Income | 49,969. | 47,333. | -2,636. |
| New York Additions | | | -5.28 |
| State and local interest income | | | |
| Public employee 414(h) retirement contributions | 1,957. | 1,710. | -247. |
| New York's 529 college savings program distributions | | | -12.62 |
| Other New York additions | | | |
| Total New York Additions | 1,957. | 1,710. | -247. |
| New York Subtractions | | | -12.62 |
| State tax refund | | | |
| Government pension exclusion | | | |
| Taxable social security benefits | | | |
| U.S. government interest income | | | |
| Pension and annuity income exclusion | | | |
| New York's 529 college savings program deductions/earnings | | | |
| Other New York subtractions | | | |
| Total New York Subtractions | | | |
| New York Adjusted Gross Income | 51,926. | 49,043. | -2,883. |
| Standard or Itemized Deduction | 8,000. | 8,000. | 0. |
| Dependent exemptions | | | 0.00 |
| New York Taxable Income | 43,926. | 41,043. | -2,883. |
| New York State tax | 2,495. | 2,284. | -211. |
| New York State nonrefundable credits | | | -8.46 |
| Other New York State taxes | | | |
| Total New York State taxes | 2,495. | 2,284. | -211. |
| New York City taxes | | | -8.46 |
| Yonkers City taxes | | | |
| Use tax | 0. | 0. | 0. |
| Voluntary gifts/contributions | | | |
| Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions | 2,495. | 2,284. | -211. |
| Withholding | 2,534. | 2,323. | -211. |
| Estimated tax payments, extension payment, and amount applied from prior year return | | | -8.33 |
| Refundable credits | | | |
| Total payments and refundable credits | 2,534. | 2,323. | -211. |
| Underpayment penalty | | | -8.33 |
| Applied to next year's estimated tax | | | |
| Refund | 39. | 39. | 0. |
| Balance Due | | | 0.00 |